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APPLICANTS

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**** CONTINUING DATA ******* *MS*

This application is a CIP of PCT/CA01/00905 06/15/2001

**** FOREIGN APPLICATIONS ******* *MS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 10	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

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TITLE

Hyperthermia treatment and probe therefor

FILING FEE RECEIVED 859	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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